

# Candidate Intention Statement

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CANDIDATE INTENTION STATEMENT

Check One: ☒ Initial ☐ Amendment (Explain) \_\_\_\_\_

RECEIVED  
CITY OF MOUNTAIN VIEW  
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CALIFORNIA FORM 501

For Official Use Only

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Matt Pear

DAYTIME TELEPHONE NUMBER

(650) 961-8555

OFFICE OF CITY CLERK FAX NUMBER (optional)

(650) 961-8528

E-MAIL (optional)

MPear@MattPear.com

CITY

Mountain View

STATE

CA

ZIP CODE

94040

OFFICE SOUGHT (POSITION TITLE)

Council Member

AGENCY NAME

City of Mountain View

DISTRICT NUMBER, if applicable.

☐ NON-PARTISAN

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: City of Mountain View

(Name of Jurisdiction)

2004

(Year of Election)

## 2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

         Primary/general election

(Year of Election)

         Special/runoff election

(Year of Election)

(Check one box)

☐ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on:          and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On         , I contributed personal funds in excess of the expenditure ceiling for the election stated above.

## 3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

6/29/04

(month, day/year)

Signature

*[Signature]*

(Candidate)

FPPC Form 501 (Jan/03)  
EPPC Toll-Free Helpline: 866/ASK-FPPC  
866/275-3772